



**Child Signature Program 1 and 3 Extension  
FY 2015 – 16  
Program Funds  
Claim for Reimbursement Instructions**

To receive reimbursement for Child Signature Program (CSP) 1 and 3 Extension expenditures, participating Lead Agencies must submit a Claim for Reimbursement for program funds on a semi-annual basis.

**Note:** The reported expenditures must correspond to the budgeted categories and information included in the Local Area Agreement. CSP 1 and 3 Extension counties must submit as part of the Claim for Reimbursement a narrative detailing their expenditures and describing activities associated with the expenditures in lieu of semi-annual reports.

For fiscal questions, please contact Kathy Ellis, Fiscal Analyst, at (916) 263-2535 or [kellis@ccfc.ca.gov](mailto:kellis@ccfc.ca.gov). For program-related questions, please send an e-mail to [csp@ccfc.ca.gov](mailto:csp@ccfc.ca.gov).

**Claim for Reimbursement Schedule**

Lead Agencies must complete and submit to First 5 California a Claim for Reimbursement of actual and allowable expenses as follows:

Reimbursement Schedule	
Program Funds	Due to First 5 California
July 1, 2015 – December 31, 2015	March 1, 2016
January 1, 2016 – June 30, 2016	August 31, 2016

**Where to Send the Claim for Reimbursement**

Mail one set of the original Claim for Reimbursement forms with original signatures to the following address:

First 5 California  
Attention: Fiscal Services Office  
2389 Gateway Oaks Drive, Suite 260  
Sacramento, CA 95833

## **Claim for Reimbursement Forms**

The Claim for Reimbursement forms, in Excel and Word formats, incorporate functions to make the forms easier to complete, such as drop-down menus and formulas. Use the TAB key to navigate to cells open for data entry (shaded yellow). Locked cells are shaded gray or blue.

First 5 California is aware that a few counties may experience the inability to access the drop-down menus in the fiscal reporting forms. Should this happen, contact Kathy Ellis for assistance, or input the information manually. The lack of functionality may be due to the use of different versions of Excel. The First 5 California fiscal reporting forms were created in Excel 2010.

The fiscal forms for CSP 1 and 3 Extension contain the following:

- Claim for Reimbursement – Program Funds
- Program Narrative – Describing activities/progress for the reimbursement period

The following resources or reference documents are useful in completing the required Claim for Reimbursement forms:

- Approved CSP 1 and 3 Extension Action Plan
- Any approved amendments to the Action Plan
- Approved Local Area Agreement
- Fiscal Year Budget in the county Action Plan

## **Form Details**

These reporting forms also serve as certification that all information provided in the Claim for Reimbursement is true and correct and all program-related requirements have been met.

## **Program Funds**

The Lead Agency **must** commit to a minimum of a 1:1 cash match for program funds, including match for incentive funds for infants and family child care homes.

First 5 California will approve the reimbursement of expenditures that promote and support each of the following three CSP Essential Elements:

- Instructional strategies and teacher-child interactions
- Social-emotional development
- Parent involvement and support

Program funds may be used only for the following expenditures:

**Personnel Costs** – Employee or contract compensation (salaries and benefits) for the time devoted and identified specifically to the performance of the program for the following:

- Early education expert
- Family support specialist
- Local evaluator
- Mental health specialist or other mental health resource staff
- Program administration and support positions
- Teacher
- Teacher aide
- Teacher assistant

**Operating Costs** – Expenditures for program activities must be related to the performance of the program and include the following:

- Activities and services that support the quality of CSP curriculum design, implementation, and evaluation
- Audit and related costs
- Equipment and other capital expenditures under \$5,000
- Evaluation: assessments, data collection, storage, and analysis of local evaluation data and related research; solicitation and analysis of information regarding the status and needs of children ages 0 through 5 and their families; and to subsequently develop and modify programs to better address identified needs
- Food to enhance U.S. Department of Agriculture meal program or to enhance program curriculum for children participating in the program
- Materials, including developmentally appropriate curricula and assessment tools (for both child and teacher)
- Meetings and conferences
- Supplies, books, tools, and other high-quality materials to support the classroom
- Travel specifically related to the program reimbursed at the rates and terms established by the county commission policy
- Training, professional development, and learning support, not provided by the Early Education Effectiveness Exchange, to develop skills and knowledge for the following:
  - Three Essential Elements
  - Dual language learners
  - Children identified with special needs
  - Improved teacher interactions and instruction with children (Program for Infant/Toddler Care, etc.)

A complete Claim for Reimbursement – Program Funds submittal must include:

- Claim for Reimbursement – Program Funds
- Program Narrative – Describing progress and activities for the reimbursement period

### **Instructions for Claim for Reimbursement – Program Funds**

In the Claim for Reimbursement – Program Funds, select the appropriate Lead Agency and Fiscal Reporting Period using the drop-down menus next to the corresponding cells.

**Column B:** Enter the Local Contribution expenditure amounts for Personnel, Operating, and Administrative Costs.

**Column C:** Enter the Amount to be Reimbursed by State for Personnel, Operating, and Administrative Costs. **Note:** Administrative costs cannot exceed 15 percent of the total Personnel and Operating Costs reimbursed by the State.

**Column D:** **It is not necessary to enter information in this column.** The cells in this column contain formulas that calculate the total amounts.

### **Instructions for Program Narrative**

In the Program Narrative, perform the following:

- Select the appropriate Lead Agency and Reporting Period using the drop-down menus next to the corresponding cells.
- Enter detailed information supporting Personnel Costs.
- Enter detailed information supporting Operating Costs.

The detailed narrative must clearly describe activities associated with program expenditures as described in the action plan.

### **Payment Withhold**

Failure to submit timely and accurate fiscal, evaluation, and audit reports and data as required by First 5 California may result in the withholding of funds until such time the required information has been received.